

2003 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

*(Please correct any errors in name, address, and ZIP Code.
Enter number and street if not shown.)*

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001 OR
Fax to 1-800-447-4613**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2003**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. Unless otherwise specified, respond for ACTIVE employees.
6. Please retain a completed copy of this form for your records.
7. If you have any questions or need assistance in completing the questionnaire, please call

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per establishment, to complete the basic questionnaire. Establishments with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of four plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

Respond for **ACTIVE** employees only.

- 1. Did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees at this location in 2003?**

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 ☐ Yes – Continue with Question 2
2 ☐ No – **SKIP to Section B**

- 2. How many different health insurance plan choices did your organization make available or contribute to for its ACTIVE employees at this location during the 2003 plan year?**

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Single, employee-plus-one, and family coverage providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003 **SKIP to Page 4, Section C**

Section B – HEALTH INSURANCE NOT OFFERED

Complete only if health insurance was NOT offered during 2003; otherwise, SKIP to Page 4, Section C.

- 1. Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 1998 and December 31, 2002?**

- 031 1 ☐ Yes – Continue with Question 2
2 ☐ No – **SKIP to Page 4, Section C**

- 2. What was the last year your organization offered health insurance coverage to its employees at this location?**

032 Last year offered

Continue with Page 4, Section C

Section C – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.

Include officers, owners, part-time, temporary and seasonal employees.

Exclude former employees, leased or contract workers and retirees.

- 1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2003?**

034

Employees at all locations

*Complete questions 2–7 for **THE LOCATION** listed on the cover sheet.*

- 2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2003?**

200

All employees at this location

*If your organization did not offer health insurance in 2003, **SKIP to Question 3a.***

- b. How many of these employees were ELIGIBLE for at least one health plan through your organization?**

201

Eligible employees

- c. How many of these employees were ENROLLED in ANY health plan through your organization?**

202

Enrolled employees

- 3a. For the same TYPICAL pay period in 2003, how many of the employees reported in C2a worked part-time?**

203

Part-time employees

*If your organization did not offer health insurance in 2003, **SKIP to Question 5.***

- b. How many of these part-time employees were ELIGIBLE for at least one health plan through your organization?**

204

Eligible part-time employees

- c. How many of these part-time employees were ENROLLED in ANY health plan through your organization?**

205

Enrolled part-time employees

- 4. Did your organization offer health insurance to its temporary or seasonal employees at this location in 2003?**

Mark (X) only one.

564

- 1 ☐ Yes
 2 ☐ No
 4 ☐ No temporary or seasonal employees
 3 ☐ Don't know

- 5. Is the information you provided in questions 2 and 3 above for the location listed on the cover sheet OR did you provide information for multiple locations?**

550

- 1 ☐ Information for specified location
 2 ☐ Information for multiple locations

- 6. If your organization offered health insurance, how many hours per week must an employee work to be eligible for health insurance?**

626

Hours worked per week to be eligible

Continue with Page 5, Section C

Section C – EMPLOYMENT CHARACTERISTICS – Continued

Provide information for a TYPICAL pay period in 2003.

Estimates are acceptable.

The following workforce characteristics are used to group similar organizations together for analytical purposes.

If none, enter "0".

7a. Approximately what percentage of the employees at this location were women?

016

 %

Women employees

b. Approximately what percentage of the employees at this location were 50 years old or older?

017

 %

Employees 50 years old or older

c. Approximately what percentage of the employees at this location were union members?

018

 %

Union members

d. For the employees at this location in 2003, approximately what percentage earned –

Less than \$9.50 per hour?

Approximately \$19,800 a year or less

022

 %

Earned less than \$9.50 per hour

Between \$9.50 and \$21.00 per hour?

Approximately \$19,800 to \$43,700 a year

023

 %

Earned between \$9.50 and \$21.00 per hour

More than \$21.00 per hour?

Approximately \$43,700 a year or more

024

 %

Earned more than \$21.00 per hour

Continue with Page 6, Section D

Section D – BUSINESS CHARACTERISTICS

1a. Which of the following fringe benefits did your organization offer its employees at this location in 2003?

		Yes (1)	No (2)	Don't know (3)
050	Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051	Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052	Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053	Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
054	Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Did your organization offer any of the following tax-advantaged benefits to its employees at this location in 2003?

See the Definition Sheet included with this package for an explanation of these benefits.

These plans are also known as Section 125 plans.

		Yes (1)	No (2)	Don't know (3)
627	Employee contributions to health insurance made on a pre-tax basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056	Flexible SPENDING Accounts (FSA) for healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057	Flexible Benefits Plans <i>Full cafeteria plans that offer employees a set of benefits from which to choose.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. If your organization offered a Flexible Benefits Plan, what was the average annual value of the plan for a TYPICAL employee at this location in 2003?

058

\$,				.	0	0
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 Flexible Benefits Plan value

2. Approximately how many years has your organization been in business?

If your organization operates at more than one location, enter the number of years the parent company has been in business.

588

1 <input type="checkbox"/>	Less than 1 year	4 <input type="checkbox"/>	5–9 years
2 <input type="checkbox"/>	1–2 years	5 <input type="checkbox"/>	10–19 years
3 <input type="checkbox"/>	3–4 years	6 <input type="checkbox"/>	20 years or more

If your organization DID offer health insurance coverage to its employees in 2003, continue to Page 7, Section E.

If your organization DID NOT offer health insurance coverage to its employees in 2003, SKIP to Page 10, Section G.

Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS	
<p>1a. Which of the listed optional coverage services, if any, did your organization offer to its ACTIVE employees at this location in 2003 at a premium SEPARATE from the comprehensive health plan premium?</p> <p><i>Report single service insurance plans only. Do not include single services covered under a comprehensive health plan. Long-term care insurance helps cover the cost of institutional and home care required by the chronically ill or disabled. Mark (X) all that apply.</i></p>	<div> <div> 192 <input type="checkbox"/> Dental 193 <input type="checkbox"/> Vision 194 <input type="checkbox"/> Prescription drugs 195 <input type="checkbox"/> Long-term care </div> <div>} Continue with Question 1b</div> </div> <div> 562 <input type="checkbox"/> No optional coverage – SKIP to Question 2a </div>
<p>b. What was the total amount paid for optional coverage for all ACTIVE employees AT THIS LOCATION in 2003?</p> <p><i>Include both employer and employee contributions.</i></p>	<div> 196 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 </div> <div>Optional coverage cost</div>
<p>2a. For 2003, did your organization impose a waiting period before new employees could be covered by health insurance?</p>	<div> 197 1 <input type="checkbox"/> Yes – Continue with Question 2b 2 <input type="checkbox"/> No – SKIP to Page 8, Section F </div>
<p>b. For 2003, what was the TYPICAL waiting period?</p> <p><i>Mark (X) only one.</i></p>	<div> 198 1 <input type="checkbox"/> Less than 2 weeks 2 <input type="checkbox"/> 2 weeks to less than 1 month 5 <input type="checkbox"/> Until the first day of the next month 3 <input type="checkbox"/> 1–3 months 4 <input type="checkbox"/> More than 3 months </div>

Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete questions 1–5 for **ALL LOCATIONS**.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws. See the Definition Sheet included with this package for an explanation of these terms.

- 1. Did your organization provide health insurance coverage to any person who retired ON OR BEFORE December 31, 2003, or to any of their survivors?**

If COBRA was the only coverage offered, mark "No."

551

1 ☐ Yes – Continue with Question 2

2 ☐ No

3 ☐ Don't know

} **SKIP to Page 10, Section G**

- 2. In 2003, what was the total number of retirees enrolled in health insurance through your organization at all of its locations?**

513

Total retirees enrolled

UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

- 3a. Were any of the enrolled retirees, reported in Question 2, under 65 years of age?**

628

1 ☐ Yes – Continue with Question 3b

2 ☐ No – **SKIP to Page 9, Question 4a**

- b. What was the TOTAL number of retirees under 65 years of age enrolled in health insurance through your organization at all of its locations in 2003?**

572

Total retirees under 65 enrolled in health insurance

- c. What percentage of these retirees were ENROLLED in SINGLE coverage?**

573

 %

Retirees under 65 **enrolled** in **single** coverage

- d. For a typical plan in 2003, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574

\$

,
.
0
0

Employer contribution for **single** premium

- e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?**

575

\$

,
.
0
0

Total single premium

- f. For a typical plan in 2003, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

For retirees, if premium varied by family size, report for a family of two.

576

\$

,
.
0
0

Employer contribution for **family** premium

- g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

577

\$

,
.
0
0

Total family premium

Continue with Page 9, Question 4a

Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

AGE 65 YEARS OR OVER

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

4a. Were any of the enrolled retirees, reported in Question 2, 65 years of age or over?

- 629 1 ☐ Yes – Continue with Question 4b
 2 ☐ No – **SKIP to Question 5a**

b. What was the TOTAL number of retirees 65 years of age or over enrolled in health insurance through your organization at all of its locations in 2003?

578 **Total** retirees 65 or over enrolled in health insurance

c. What percentage of these retirees were ENROLLED in SINGLE coverage?

579 % Retirees 65 or over **enrolled in single** coverage

d. For a typical plan in 2003, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . 0 0 **Employer** contribution for **single** premium

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

581 \$, . 0 0 **Total single** premium

f. For a typical plan in 2003, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

582 \$, . 0 0 **Employer** contribution for **family** premium

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 **Total family** premium

NEW RETIREES

For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2003.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

5a. Did your organization offer health insurance to any NEW RETIREES?

- 630 1 ☐ Yes – Continue with Question 5b
 2 ☐ No
 3 ☐ Don't know } **SKIP to Page 10, Section G**

b. Were NEW RETIREES under 65 years of age eligible for health insurance?

- 631 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

c. Were NEW RETIREES 65 years of age or over eligible for health insurance?

- 632 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know
 Continue with Page 10, Section G

Section G – PERSON COMPLETING THIS QUESTIONNAIRE***** PLEASE NOTE *****

If your organization offered health insurance, please complete Section G and an attached MEPS-10(S), Plan Information Questionnaire, for each plan offered up to four.

If your organization DID NOT offer health insurance, please complete Section G and END the form.

212 Name (*Please print*)

213 Title

Signature

214 Date (*Month/Day/Year*)

M	M	D	D	Y	Y	Y	Y
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215 Telephone number
()

220 Extension

216 FAX number
()

217 E-Mail address